MyHealthyLife™ Chronic Condition Management (CCM) Program 2019 Formulary

**Please Note – For the 2019 benefit year, all MCP plan participants will receive all generic medications for $0 copay, regardless of inclusion or participation in the CCM program. This includes any drugs that were traditionally on this formulary and appear removed for 2019. HSP participants will be required to satisfy all deductible amounts for non-preventive medications, regardless of inclusion on this chronic condition management program formulary.**

### DEPRESSION

VIIBRYD*

### ASTHMA & COPD

INHALATION PRODUCTS

ADVAIL, ANORO ELLIPTA, ARUNITY ELLIPTA, ATROVENT, BREE ELLIPTA, COMBIVENT RESPIMAT, FLOVENT, FORADIL, INCURSE ELLIPTA, PROAIR HFA, PULMICORT FLEXHALER, SEREVENT, SPIRIVA, STIOLTO RESPIMAT, SYMBICORT, VENTOLIN HFA,

### ORAL AND MISCELLANEOUS AGENTS

AEROCHAMBER*, EASIVENT*, MICROCHAMBER*, XOLAIRPA*, ZYFLO

### DIABETES

INSULIN

HUMALOG, HUMULIN R U-500, HUMULIN N, HUMULIN R, LANTUS, HUMALOG MIX 75/25, HUMALOG MIX 50/50, HUMULIN 70/30, HUMALOG U-200 KWIKPEN, TOUJEO

### NON-INSULIN HYPOGLYCEMIC AGENTS

INSULIN HYPOGLYCEMIC AGENTS

GLYXAMBI, INVOKE, JANUVIA, JARDIANCE, SYNJARDY, TRADJENTA

INJECTABLE AGENTS

BYETTA, BYDUREON, Glucagon*, OZEMPIC, TRULICITY, VICTOZA

### MISCELLANEOUS AGENTS

Alcohol prep pads*, Livongo Test Strips®, lancets*, insulin syringes & pen needles, KETOSTIX*, oral glucose tablets*

### ANTI-INFLAMATORY – Specialty Agents


# - May only be covered for continuing therapies (grandfathered). New start therapies may not be covered.

### NICOTINE DEPENDENCE

CHANTIX

Formulary Disclaimer: Coverage for some drugs may be limited to specific dosage forms and/or strengths. The benefit design determines what is covered and the applicable co-payment. The medications listed on this formulary are subject to change pursuant to the formulary management activities of Optum. The presence of a medication on this formulary list does not guarantee coverage.

This formulary is intended for participants enrolled in the CCM Program. This program allows participants to receive certain brand name medications for $0 co-pay. Please note that participants in the Health Savings Plan (HSP) will not have $0 copay on medications that are asterisked in the program since these medications do not qualify as “preventive” medications. Prescriptions must be filled at a Mission Pharmacy to receive the $0 copay benefit for the listed brand name medications.

Generic medicines are available within many of the therapeutic categories listed and should be considered as the first line of prescribing. Effective Jan 1, 2019, all covered generic medications are $0 for participants in the MCP. Non-preventive covered generic medicines will be $0 after the deductible has been met for participants in the HSP.

For benefit coverage or restrictions please check your benefit plan document(s). This listing is revised periodically as new drugs and new prescribing information becomes available. It is recommended that you bring this list of medications when you or a covered family member enrolled in the CCM Program sees a physician or other healthcare provider.

*IRS guidelines for Health Savings Plan (HSP) participants allow only preventive medications to be covered with no cost to the participant. Medications that do not qualify as free for HSP members are asterisked and will be subject to the normal payment.

1 Livongo is the only blood glucose meter that is covered at 100%. Only Livongo test strips are covered at 100%, unless an exemption is in place. Ask your care manager for details.

To learn more about CCM, call (828) 213-4648 or myhealthylife@msj.org. Visit MissionAndMe.com for more information about this program and other benefits.